1871

Medical Jurisprudence

Wounds & Injuries — Detection of Blood

Suits for Malpractice

Life Assurance —

We next take up the general subject of

Wounds & Injuries
Mechanically produced.

Wounds involve solu. of continuity.

Best therefore to separate, as other injuries,

Contusions, concussions)

Simple fractures, dislocations, sprains

Wounds are then

Incisions, punctures, lacerations, comp'd fractures

Crush of injuries.

We come to Surgery the account of the peculiarities & history of these.

Certain questions concerning them belong to med. jurisprudence

~~Question under legal process~~ may be several.

1. Can the appearance of a bruise be produced after death?

If much swelling, any change of color, or sign of inflammation, the contusion must have been produced during life.

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If on cutting into the part effusion of blood is found considerable, probably is story of its having been inflicted during life; especially if the true skin is discolored through its texture by the blood. Bruises made a few minutes after death may cause like appearances.

Deep effusions of blood, under muscles & in interior parts, may be produced by considerable violence, even several hours after death, through rupture of large vessels.

After putrefaction, the difficulty of distinguishing bruise marks of the living body from those which might be post mortem, is much greater. Fractures just after death, & those not long before death will have the same appearance.

Concerning incised, punctured &
lacerated wounds, — it is to be said that
Copious hemorrhage affords
strong presumption of their having
occured before death; particularly when
seen in a fresh body.

Lacerated & punctured wounds may,
however, bleed very little.

Experiments of Orfila & Taylor
have shown, that incisions made
immediately after death may resemble
in appearance, those produced shortly
before death. But incised wounds
made long before death show
changes resulting from inflammation.
Lacerated wounds are yet more
difficult to distinguish before & after
death.

Gunshot wounds are apt to be the most complicated kind. They may produce ~~State Guard's account of assignment on History~~ almost all other kinds, with contus-ion, laceration, fracture and hemor-rhage. Immediate hemorrhage is not true, not apt to be considerable, un-less large vessels are injured.

When a fire-arm is discharged close to the person, the skin is burnt by the flame, and may have in it particles of unconsumed powder. The clothes may also be scorched.

When a bullet lodges in the body, and is found after death, or extracted during life it may furnish significant evidence.

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The bullet may fit a mould owned by the person who fired it. Or the wadding may be a fragment of paper or other material the remainder of which may be found in his possession.

Keep such contents of wounds then. Examine, also, the aperture or apertures made; the round clean smaller hole made by an entering ball, and the larger, irregular jagged opening of its exit. The clothes may also show the same, — as well as the direction of the ball's approach, sometimes of great consequence. A bone of course may much divert the course of a bullet after its entrance into the body.

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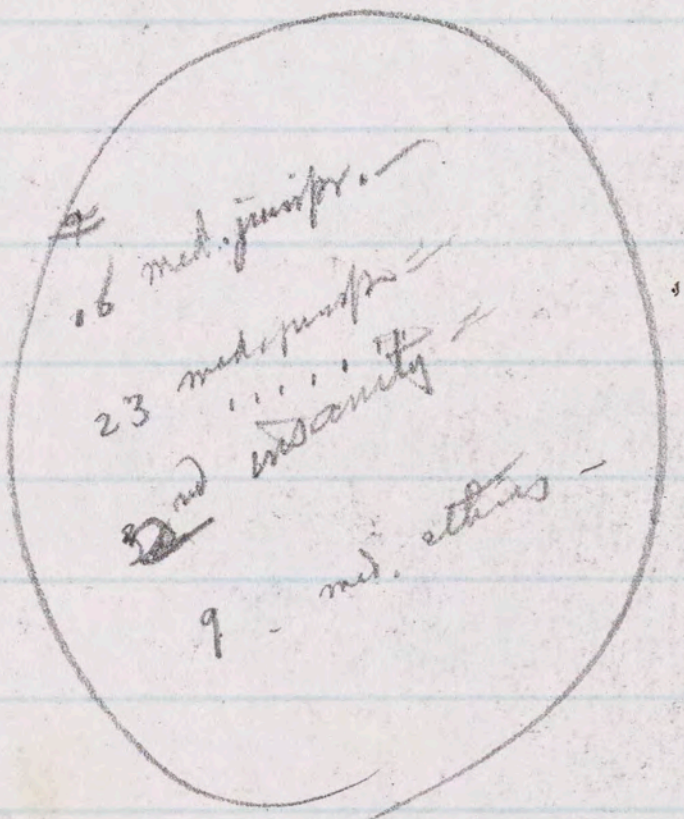
Wadding alone, without ball, may kill, if fired very close to the body; though this must be rare.

While some gunshot wounds are fatal at once or very soon, from injury of vital parts, very many may prove so after variable interval, in ways which special surgery ~~MAN~~ considers and describes.

The questions common to all wounds & mechanical injuries involving death or danger death are these:


16 med. jurisp.
23 med. jurisp.
" " "
2nd insanity
9 - med. ethics

When death has occurred, & a wound is shown

16

1. Was the injury inflicted during life?

2. Was it the cause of death?

3. Was it accidental, Suicidal, or homicidal?

4. If the latter, by whose act?

Something has been said already upon the first question

On the 2nd, was the injury the Cause of death — no great difficulty usually presents, when a healthy persons struck down and dies at the time or soon after. But complicated cases do occur.

~~[illegible]~~

For instance, a boy robbing an orchard was struck a violent blow on the head, which caused death because his skull was extraordinarily thin. A person with inguinal hernia may be killed by a kick which would only bruise another. An aneurism existing anywhere, may quadruple the danger of an ordinary blow or wound. And there are many similar examples. Lord Hale long ago laid down the principle, that "it is sufficient to prove that the death of the party was accelerated by the malicious act of the prisoner,

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. loss of iodine in
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mical action gives
as well as plants.

Student

ever
although the former laboured (18
under a mortal disease at
the time." However opens to
doubt it may be how far
this principle would settle
everything in regard to the pos-
sibility in some of the cases
just referred to. It is
at least clear that the
duty of a professional
witness is, so far as pos-
sible to ascertain and testi-
fy — first, whether the wound
or injury proved would suffice
alone to cause death; — and

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secondly, whether, in the particular circumstances of the case in hand, it did or did not accelerate death, or make certain its occurrence which before was doubtful.

Where a considerable time elapses after the injury before death takes place, the degree of culpability may be increased much.

E.g. – Stokes – Fiske case, (malpractice charged)
& Landis – Carruth case (ditto, over-probing).

[In parenthesis, I must ~~ask~~
be allowed to relieve my mind
by expressing the not modest
but general common sense con-
-viction, strongly entertained, that
our Laws suffer under a most
inequitable defect, in that they
make so much to depend on the
actual death of the victim of
a homicidal assault. It is in-
deed preposterous that, as in a
case of a U.S. Revenue Inspec-
tor not long since, men
convicted of planning an approach
to an unarmed man in a store,

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placing a pistol to his (2
back, & discharg the ball
into his body, — should
be dealt with and punished
for anything less than murder,
because somehow or other
the victim recovered instead
dying as they expected him
to do. But this of course,
out of our immediate track.
The Law does at present make this
difference. "A" had often
very serious & great complications in forged
testimony in homicidal cases.

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Questions occur, on the ground subject of
these; fatal wound, —

As to the place where the body
was found.

The Nature of the wound

Situation of it; could it
individual have inflicted it on
himself?

Extent of the wound —

(Throat — Suicidal sometimes very extensive.
Extent, — about cutting vertebral artery or arteries.)

Its Direction —

Number of wounds — alike
or Different — How were they probably or certainly made?

various circumstantial
evidence may prove to be of the utmost,
perhaps decisive importance.
Thus, a woman was found dead once
lashed with her throat cut.
On her left hand was found
a distinct mark of the left
hand of another; proving that
it could not be made,
by the wound, then to exist,
dangerous to life!
Of many wounds, which was
again
mortal? Different persons may
have given the different wounds.
How long did the injured person
survive?

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history.

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civilisation where man
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Pandarus

When was the wound inflicted?

~~things which~~ Ex

Consideration of these ques-

tions, & the manner of their

investig. on the affect the

different Parts of the body,

would take long — I must

refer you now to ^your future^ opportunities for the

study upon them. Our time is

short, — and in the same category

way other topics are yet to be

glanced at, I must

refer for a short space only to

one matter, — the detection of marks of human blood.

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Detection of blood.

On clothing, on knives, or hands, on floors or furniture, and sometimes in water or other liquids, we may be called upon to say whether spots, red or brown, old or fresh, are or are not of human blood.

When recently shed, in considerable amount, its appearance and qualities are characteristic. In very small portions, or long dried and exposed, it is not easy to distinguish with certainty.

Fibrin, Serum, Coloring matter, Red corpuscles, crystals formed in blood, and Sublimates obtained from it by heat.

Fibrin, under the microscope has a peculiar look. "Its irregular groupings, variable thickness, clubbed loops, and complete absence of texture of any kind," although fibrillary, form a highly characteristic combination of appearances. (Eny).

Serum of blood is known by its albumen; coagulating at about 140° Fahr. to 160°. at the heat of boiling oil, 350°, Mag. alb. becomes soluble in water. Water discolored by a stain supposed to be blood may be heated by means of boiling oil for an hour, in a strongly sealed tube. (Bloxam) Then it may be tested with NO_5, $HgCl_2$, & K_4FeCy_6. each of which should give a white precipitate.

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Omicron.

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It is almost impossible that

any printed fabric can have on the
without being blood-stained, but from other sources,
same time, albumen in it or not, and
also, ~~same~~ the ~~dead~~ color of blood. The
detection of albumen in a spot ~~of~~
with such a color in the line heavy
most evident in water stained by
it, — is therefore very nearly con-
-clusive that it is blood.

The coloring matter of recent
blood-stains makes with cold water
a vermilion-red solution. Boiling
this makes it of a dirty slate color,
& coagulates the albumen of the
serum present. If then the coagulum
be dried and boiled in solution of
potassa, it forms a solution which

is dark green by reflected, and red by transmitted light.

Liquor ammoniæ does not change its color. Infusion or tinct. of Galls gives with it a red precipitate. No other red solution has these characteristics. Flower and leaf or root-colored infusions become green or violet with Liq. ammoniæ; the same test makes cochineal crimson. Sulphocyanide of iron makes a red sol. which gives a white ppt. with Liq. ammoniæ. Potass. sol. is pink-red, but becomes blue with ammonia. Both of these are coag. by heat.

Ed

Feltianus

/ forever at Haverford.

Red col. matter containing salts of iron become blue with cyan. or tinct. of galls.

There are other delicate tests for blood.

Schönbein's, improved by Day and Taylor, is, the use together of tinct. guiacum & ethereal sol. of peroxide of hydrogen, — commonly called ozonized ether, Dr. Tilbury Fox (Tanner's Clin. Med.) says it is not ozonized, but autozonized ether. that is a matter of theory. Ozone of commerce is made by ~~compressed~~ phosphorus & air, & gives a rich sapphire-blue with a blood solution. It does better with a weak solution than with a strong one.

Examination C

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How high is it? What
depths of the Oceans?

III

Compare the Oceanic
together, as to their
& animal life, and
each.

IV

What is the influen
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of rain.

V

State the annual ave

Black currant-juice stands a good deal like blood; but it is not acted upon in the way just mentioned by the ethereal guaiacum test. Ink-stains become blue with guaiacum; so do rust-stains from action of vinegar or lemon-juice on iron; but they do this without the prepared ether; and blood will not.

All these means, then, will show whether a spot or stain, or colored liquid, contains blood or not; but they will not show what blood; human or animal. The microscope confirms the decision that it is blood, by showing

festing the disk-like blood corpuscles; and it also does more. A moderate magnifying power will be enough to detect the corpuscles. In all mammalian animals, i.e. for inst. the domestic quadrupeds, dog, horse, ox, sheep, &c, — they are, as in man, circular disks; except the camel, in which they are elliptical. In fishes, reptiles and birds, they are oval. This is important.

Between the blood corpuscles of man and the common domestic animals, there is no determinable

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to outpour into fro
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races and the part
receives that fecund
ple man to his hig
sphere.

Apollo.

difference except in size,
In man they average 1/3200 of
an inch; sometimes 1/200, occasionally
1/4000, as extremes. In the animals,
from 1/3540 to less than 1/6300,
averages, — no doubt with
further extremes. Moreover, the
liquid medium may make them
expand or contract. Dr Guy
therefore concludes that "it is not
to be expected that the most skilful
and practised person should be able
to distinguish human blood from
that of other animals". Dr Taylor
says that "evidence based upon
such varying averages must be treated
as speculative and unsafe." Wharton
& Stille tell us that the corpuscles are so

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e for himself &

Satyr.

nearly alike, that "practically no distinction can be made." In 1860, however, we find that in a capital case in this city, Prof. Leidy of the University testified from microsc. exam. of a specimen of blood asserted to be that of a chicken, that this was false, and that it was human blood. And, within a ~~few months~~ (viz. 1869) few years, Dr Joseph G. Richardson, an able and industrious mercopist of this city, armed with a powerful microscope, has published the assertion that, with very high powers, magnifying for example 1200 or 2500 diameters,

Dr. J. L. Richardson affirms certainty of distinction of size, measurable with micrometer, magnifying 1200 diam., between human red corpuscles & those of pig, cat, horse, ox, sheep, goat and (red) deer. ~~Taylor~~, Casper, Virchow & other European experts have connected not merely or certainly red corpuscles of human blood (Hospital Journal, Jan. 75) with those of ~~mammalia~~ dogs, Dr. Woodward points out that red corpuscles are not distinguishable. Gulliver asserts same of those of apes & monkeys; as well as of rabbit, Guinea pig, seal, otter, porpoise & Kangaroo (also, capybara & ornithorhynchus).

In Rubinstein murder case, 1876, Prof. Eaton testified opinion that certain marks were of human blood

the differences which with low powers seem so insignificant (the one may be made as great as the difference between 5/7 and 1/2 an inch, and thus, to an expert ~~[illegible]~~ deceive. To such experts I think, evidence of ~~[illegible]~~ kind must, for a time at least, be left. (1874-5 See Am. Med. Times & Am. Journ. Med. Sciences)

Blood-crystals, of hæmine, hæmatoidine or hæmatocrystalline are regarded by Virchow as "one of the surest tests". They may be found (by aid of the microscope) in blood-stains even of long standing.

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Teichmann's test for blood by formation of hæmin crystals is as follows:

Put some of the dried residue on a watch-glass or microscope-slide. Rub with it a very small amount of ammonic chloride or common salt — add to the mixture a drop of (Solu. of) glacial acetic acid — and warm, until bubbles form under the covering glass, — show that the acetic acid has begun to boil. Then let it cool, — and crystals of hæmin will be seen under the microscope.

Sublimates may be obtained by heating (on) slips of tin, or porcelain) by a spirit-lamp; a slip of flat glass, or a concave watch-glass, being held over the porcelain. While the heat is but moderate, there ought to be a pure white sublimate deposited on the glass. When the heat becomes strong, then, a blood-red sublimate.

By heating the scrapings of a stain found on steel or iron, in a (reduction) tube, if the stain be blood, the presence of animal matter may be made known by ammonia being given off.

The addition of SO_3
has been proposed (by Bassuel)
to distinguish the blood of one
animal from another & man
from the rest, by the
peculiar odor given off
from coal under the action
of that acid. But
experiments have shown
that this is unreliable.
Sorby and Browning
have shown that acid in
detecting blood-stains is
one of the many applica-

of in history. Asia
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man. Here he wi
already civili

cations of that would fit
instrument the spectroscope.
Two black absorption bands
in the upper part of the green Section of the spectrum
are shown by blood solutions
of a certain strength. The
delicacy of management is
such that here also the
skill of special experts
must be necessary; al-
though it is right and desir-
able for all who may become
professional witnesses to be
acquainted with the principle
involved and applied.

[1870, 20 minutes, about, to spare in an hour.
~~hanging, drowning, burns & scalds.~~
Supply, or Suits for malpraxis?
Schoeppin case 1871 —
See Phila. Medical Times, about Reed's case, 1870.]

NEW TEST FOR BLOOD-STAINS.—J. W. Gunning (*Journal of Applied Chemistry*) has discovered that acetate of zinc will precipitate the coloring matter of blood from solutions. The flocculent precipitate must be washed by decantation, and left to evaporate and dry on a watch-glass, and, if blood has been present, the microscope will reveal delicate hæmin crystals.

ing which, however, the Commissioners express the opinic that there are still large numbers of insane persons in England kept under private care and deprived of the benefits of periodical inspection. There still exists, it is stated, an insufficiency of accommodation for the insane of all classes, but especially of paupers.

DETECTION OF BLOOD-STAINS. — Dr. Edward S. Wood, in the *Boston Medical and Surgical Journal* for January 2, reports that *Fres. Zeitsch. f. Anal. Chem.* (1872, ii. p. 244) contains a note from Dr. Helwig, contradicting a statement made in the *Chem. Centralb.*, 1871, p. 37, that a solution of blood-pigment in iodide of potassium cannot be used for the production of blood-crystals, but only for spectroscopic examinations. It has long been known that a solution of iodide of potassium will extract from clothing the slightest trace of blood-coloring matter, it being possible to obtain a solution suitable for testing even when the clothing has been washed and the stain is very old. In the present instance Dr. Helwig exhibited a specimen of hæmin-crystals which he had obtained by treating a piece of linen upon which a blood-stain had existed for sixteen years, with a solution of iodide of potassium. The residue left after the evaporation of one drop

acute inflammation or 'tonsillitis,' both of which require other appropriate treatment."

To Kill Lice (*Edinburgh Medical Journal*, Nov. 1872).—All kinds of lice and their nits may be got rid of, *tuto*, *cito*, *et jucunde*, by washing with a simple decoction of stavesacre (*Delphinium staphisagria*), or with a lotion made with the bruised seeds in vinegar, or with the tincture, or by rubbing in a salve made with the seeds and four times their weight of lard very carefully beaten together. The acetic solution and the tincture are the cleanliest and most agreeable preparations, but all are equally efficacious in destroying both the creatures and their eggs, and even in relieving the intolerable itching which their casual presence leaves behind on many sensitive skins. The alkaloid delphinia may be also employed, but possesses no advantage, except in the preparation of an ointment, when for any reason that form of application should be preferred.

upon a glass slide gave beautiful hæmin-crystals upon the application of Teichmann's test, when the remainder of the solution, examined by the spectroscope, gave an absolutely negative result.

Teichmann's test, the ordinary test for hæmin-crystals, is performed by rubbing upon the dried residue in a watch-glass or on a microscope-slide a very small quantity of ammonic chloride or common salt, adding to the mixture a drop of glacial acetic acid, and warming until bubbles form under the covering glass, showing that the boiling-point of the acetic acid has been reached. Upon cooling, crystals of hæmin can be detected by the microscope.

In the same journal (1872, i. p. 29) we find mentioned by H. Struve an additional test for blood-pigment, which is applicable to the testing of both urine and clothing-stains for blood. This test is based upon the precipitation of hæmatin from an acetic acid solution by tannic acid as tannate of hæmatin, and may be performed in the following way. To the urine or any other liquid suspected to contain hæmatin is added a little ammonia-water or potassic hydrate, then a solution of tannic acid, and finally acetic acid, to distinctly acid reaction. If hæmatin be present, a reddish-brown precipitate, tannate of hæmatin, is formed, which quickly settles and can be very easily washed and collected on a filter. This precipitate, after drying, gives a residue with which we can obtain hæmin-crystals by performing Teichmann's test. This test is far superior to Heller's test for blood in the urine, in which the hæmatin is mechanically carried down with the earthy phosphates, after the addition of ammonic or potassic hydrate. By the above method the author claims to have detected the presence of blood when all other reactions have failed; for instance, in urine when he could not detect the albumen by any of the ordinary tests. In 20 cc. of urine to which 0.023 per cent. of blood was added, a precipitate was obtained which permitted numerous examinations for hæmin-crystals to be made by Teichmann's test.

that they find the system successful, rapid, and permanent in its effects; which opinion confirms those of earlier date, given by commissions appointed in France, Belgium, Spain, etc.

Eight patients, severely affected with stuttering, were submitted, under the observation of the commissioners, to the system of M. Chervin. They varied in age from ten to twenty-nine years, and none of them could speak without stammering to an extent most distressing to themselves and to those who heard and saw them. In some cases the act of speaking was accompanied with convulsive movements of the mouth and eyes; in others, with spasmodic respiratory movements. Some had stammered from their infancy; in others the defect had been caused by a shock to the nervous system. Ten days after they had been placed under M. Chervin's treatment they were seen by the commissioners, and each of them could then speak distinctly, without stammering or hesitation; and on the 28th they were pronounced cured, speaking then with natural ease and rapidity.

The system is as follows. All mechanical contrivances are discarded; but he teaches the patient, by means of a large number of exercises, gradually to pronounce, with distinctness, vowels, consonants, syllables, and sentences. He pays great attention to the act of respiration, which he seeks to regulate. He teaches his patients to take at certain intervals a slow but normal inspiration, which is succeeded by an even, continuous, and loud expiration, during which pronunciation is effected. The course of treatment occupies twenty days, the time being divided into three periods. During the first the patient is restricted to complete silence, so that the old habit may be broken; during the second period the patient is taught to speak slowly and deliberately; and during the third period he acquires the practice of speaking fluently and without clipping the words. This method is stated to have succeeded in the most difficult cases, and the good results are said to be permanent; but the

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Philada.
Jan. 1. 1873

Having requested Dr ——— to attend me (or my wife or child) on account of a (broken thigh, leg, arm, &c) I agree and promise that I will place confidence in his (or her) skill and attention, and will not under any circumstances charge him (or her) with, or sue him (or her) for, malpractice in the case.

(Signed)

(Witnessed

(best before an Alderman
or Justice of the Peace)

(Charge of malpractice in cases of abortion
one in San Francisco —
a lady practitioner murder.

Over

San Francisco,
March 30th 1873.

Having been called to-day to attend

——— ———, in ——— street,

I now testify, and place on record,
that, at the time of my first visit, I
found her affected with (symptoms of
threatened, — or actually occurring) abortion;
the cause or causes of which took effect
before my attendance upon or knowledge
of the case.

Signed ———

Witnessed ———

&

Copy presented to the head of the
household when the patient resides,
at the earliest opportunity.

Life Assurance.

The relations of the physician to Life-insurance are direct and important, although the management of it is, like other insurance, a business, of a mercantile or financial character. It has been by and of statistics whose facts came immediately under medical observation, though not exclusively, that the tables of probability or average expectation of life have been framed, which guide life-assurance in its arrangements. And medical skill must be used in the case of every life that is insured, — to decide whether it is or is not what is called a good life, — i.e., whether the individual has sound health and probability of continued health, of long life, as well

make the risk a legitimate one in the business of the Company.

The private physician is frequently called upon to give certificates of health to his patients, with whose past history & present constitution he is familiar. And there are now numerous offices, all over the country, where physicians are employed, for moderate remuneration, on behalf of the Insurance Companies to examine and certify concerning the health of applicants.

For such service, diagnostic skill is needed, such as every physician should endeavor to acquire and cultivate. But there are some points to which attention needs to be more scrutinizingly directed than is essential in the ordina

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Concluded.

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h the more civilized
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e Romans.

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– Asia providential

practice of Medicine. The detection of the seeds of latent or even past disease, is necessary; inquiry into all that makes disease [redacted] probable in the future, because of predisposition, hereditary or acquired.

We must ascertain, then, in order to judge of the degree of risk of a life, several things.

1. the age of the applicant.

2. his other past bodily history, — & mental too, as far as possible. What diseases has he or she had, — ordinary or unusual — or injuries, by accident or otherwise, of diseases especially smallpox, or vaccina, — fits, asthma, spitting of blood, rheumatism, gravel, — hernia. —

3. The family history: have father mother, brothers, sisters, or other relations had consumption, scrofula, insanity, apoplexy,

epilepsy, heart-disease, gout, (4
Bright's disease, or Cancer.

Are the parents of the applicant living? If not, at what ages did ~~they~~ die, — and of what diseases?

4. Occupation: sedentary or active? (the latter is the most favorable.) What fatigues, risks or exposures?

5. Habits, — temperate, — moderate drinker, — or abstemious?

6. Pulse; — when quiet for a while, & not nervously excited. Felt rather late in the examination, therefore. Count it, & estimate its regularity, force and fulness. These points should be recorded.

7. Heart impulse, heart sounds, and extent of dulness of percussion resonance.

8. Percussion-resonance of all parts of chest.

sduces of Iron
that is common con-
to - loss of Power

urses - phosphor -
the jaw - action
-
tract - fine particles
ed injurious of -

Sulphuret Hydro-
of very poisonous,
ed to it - by degrees
urbureted Hydrogen
urous - mixed
not so.
ugh
urines not much
too pure for

9. Character of vesicular murmur of lungs on auscultation all over the chest.

10. Circumference of chest.

11. Respiratory capacity — show by the spirometer (if at hand). "Vital capacity"?

12. Height, by actual measurement, — & weight.

To indicate what are meant by bad risks, — which many offices decline absolutely, though a few accept them with specially increased premiums, — I may name a few, — not needing to say anything about obvious organic disease in the individual — as consumption, valvular disease of the heart, &c, which of course must make the risk prohibitory.

in the tropics of the Ol
and in the temperate
Worlds.

VI

Give an account of t
what is its influence

VII

Give a brief account
the variations in the
Coincide with the
how the law of mas
that of other organ

VI

Give three examples,
on history, of the d
& Southern Asia &

IX

What has been the
of that race of men,
of the United States

Consumption in either parent; —
or in any two members of the immediate
family; i.e. grandparents, uncles
& aunts) brothers or sisters.

Insanity in ditto.

Epilepsy, ditto.

Especially good appearance & health
history of the individual, with excellent
habits & favorable opportunities for health, may
mitigate in certain cases the rigor
of these rules of exclusion.

Not only present intemperance should
vitiate the probable value of a life, — but
past habits of drinking though reformed,
should also be held to do so.

Tavern-keepers lives are not good risks.

Hemoptysis, at any time of life, renders the
risk very doubtful. The younger the person

when it occurred — especially (7
if a female — and the length of
time since that has elapsed without
a repetition of it — the more
room for entertaining the question of
remanence, if no subjective signs
or symptoms of pulm. dis. be
present — & no hereditary
taint is shown.

absence of information about
deceased parents or other near
relations is unfavorable, & should
induce special scrutiny into every-
thing else about the case.

Unusual corpulence is unfavo-
-rable, more than spareness or leanness
by itself.

~ New York

*One leading company
rejects none but the worst lives,
grading the premium according
to the risk. This appears to me
very reasonable; there requires
more skill in the examiners, for
the benefit of the company, than
the usual plan

The white ring around the margin of the cornea, called arcus senilis is supposed — though through fatty degeneration — which may shorten life by weakening the heart.

~~A [illegible] man~~
~~a [illegible] adult, unless [illegible]~~
~~insurance~~

Judgment, however, must be brought to bear, over and above all rules, in estimating the various complications of disease in particular cases, in regard to life-insurance. X

(Medical Ethics, last lecture.

migration has
west. Through
France, England
ized countries

was the cradle
where he had to
ty. Here the germ
mmenced.
school where his
ined & where he
self & made himself